## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

indicated unless corrected maintenance fee notification	below or directed oth	erwise in Block 1, by (a	a) specifying a new co	rrespondence addres	s; and/or (	b) indicating a sepa	arate "FEE A	ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
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OTT- NIH c/o WOODCOCK CIRA CENTRE, 1	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
2929 ARCH STRI PHILADELPHIA	(Depositor's name)							
PHILADELPHIA	, PA 19104-2891		•					(Signature)
								(Date)
APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY I		O. CONFIRMATION NO.	
10/667,141	10/667,141 09/18/2003		Mario H. Skiadopoulos		N	ЛНВ-2203	7197	
TITLE OF INVENTION: RECOMBINANT HPIV2 HUMAN PATHOGENS				,				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISS	JE FEE	TOTAL FEE(S) DUE	DA	TE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	09/	/14/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS					
BOESEN, AGNIESZKA		1648	424-211100					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN PLEASE NOTE: Unless recordation as set forth in the control of the control o	s an assignee is identi in 37 CFR 3.11. Comp NEE of the United a by the Secreta: uman Services	fied below, no assignee letion of this form is NO States of Ameri ry, Department	data will appear on th T a substitute for filing (B) RESIDENCE: (C. ca	e patent. If an assig an assignment. TY and STATE OR	COUNTR	Y)		
4a. The following fee(s) are  Issue Fee  Publication Fee (No  Advance Order - # of	small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3050 (enclose an extra copy of this form).						
5. Change in Entity Statu  a. Applicant claims	`	· · · · · · · · · · · · · · · · · · ·	☐ b. Applicant is no	longer claiming SMA	ALL ENTI	ΓΥ status. See 37 C	FR 1.27(g)(2	£).
NOTE: The Issue Fee and interest as shown by the red				nn the applicant; a reg	gistered att	orney or agent; or tl	ne assignee o	r other party in
Authorized Signature/Sean C. Brock/			DateSeptember 14, 2010					
Typed or printed nameSean C. Brock				Registration No				
This collection of informat an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313 Under the Paperwork Redu	lity is governed by 35 application form to the as for reducing this burginia 22313-1450. DO 3-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	1.14. This collection is depending upon the ir e Chief Information Of COMPLETED FORMS	estimated to take 12 dividual case. Any of ficer, U.S. Patent and TO THIS ADDRES	minutes to comments of Trademants SS. SEND	o complete, includir on the amount of ti rk Office, U.S. Dep TO: Commissioner	ng gathering, me you requi artment of C for Patents, I	preparing, and ire to complete

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033